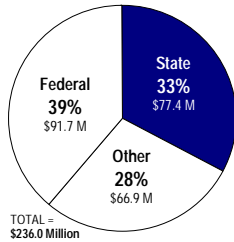


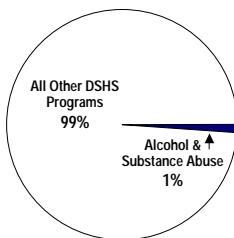
## Division of Alcohol & Substance Abuse

October 30, 2001

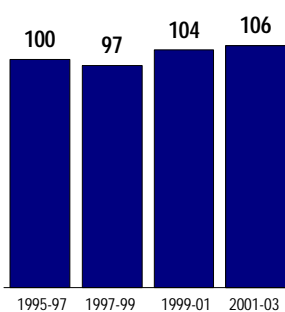
### Funding Sources (2001-03 Biennium)



### Alcohol & Substance Abuse As a Percent of DSHS Budget (All Funds)

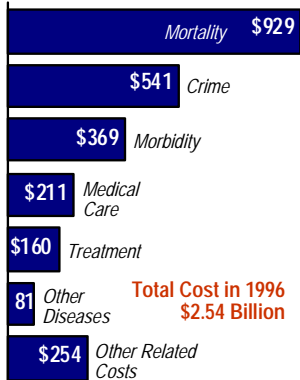


### FTE Trend



### Economic Costs of Drug and Alcohol Abuse (Washington State)

Dollars in Millions



PROGRAM FISCAL CONTACT  
Corki Hirsch, 360.438.8088  
[hirschc@dshs.wa.gov](mailto:hirschc@dshs.wa.gov)

BUDGET CONTACT  
Bart Giard, 360.902.8171  
[giardbk@dshs.wa.gov](mailto:giardbk@dshs.wa.gov)

**T**HE DIVISION OF ALCOHOL AND SUBSTANCE ABUSE (DASA) works in partnership with county governments, Tribes, non-profit agencies, and others to provide alcohol and other drug abuse prevention, treatment, and support services. People are eligible for DASA-funded treatment services if they are low-income or indigent (at or below 200 percent of the federal poverty level) and are assessed as alcoholic or addicted to other drugs. Funding requirements give priority to pregnant and postpartum women and families with children, families receiving Temporary Assistance for Needy Families (TANF), Child Protective Services referrals, youth, injection drug users, and people with HIV/AIDS. About 30,000 people were admitted into treatment, other than detoxification, in Fiscal Year 2000.

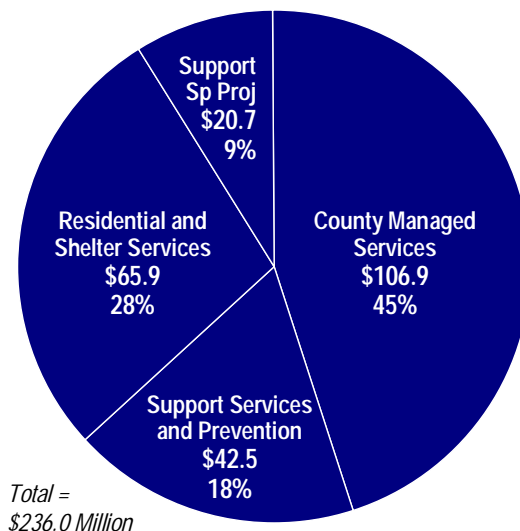
### 2001-03 Biennium Funding

Authorized spending for the Division of Alcohol and Substance Abuse in 2001-03 is \$236.0 million (\$77.4 million GF-S), which supports 106 full-time equivalent positions (FTEs) and the program priorities identified below.

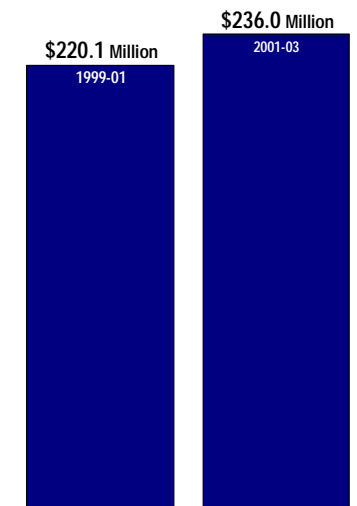
- **County Managed Services** – Provide non-residential outpatient treatment services for people with alcohol and drug addiction, including assessment, detoxification, outpatient treatment, and opiate substitution.
- **Residential and Sheltered Services** – Provide residential inpatient services, which include specialized programs for youth and pregnant women, residential treatment, and involuntary treatment.
- **Support Services and Prevention** – Supports persons in treatment, including specialized programs for youth and pregnant women, medical services, childcare and interpreters. Prevention is focused on reducing substance abuse among youth.
- **Program Support and Special Projects** – Provides administrative services for the program and administers special federal grants for research projects.

### 2001-03 Funding

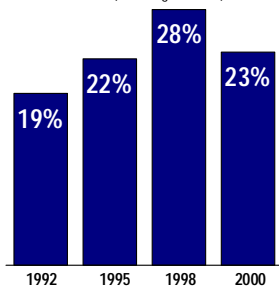
#### FUNDING DISTRIBUTION IN MILLIONS (ALL FUNDS)



#### TOTAL 2001-03 PROPOSAL COMPARED TO 1999-01



### Heavy Drinking Among 10<sup>th</sup> Graders (Washington State)



### Potentially Eligible Population Served (Statewide)

#### Adults with Children Under 18

Served 29%  
Not Served 71%

#### Youth Ages 12 to 17

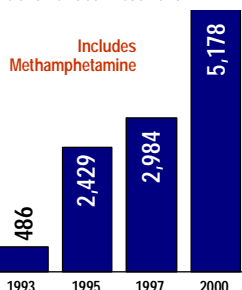
Served 23%  
Not Served 77%

#### Adults without Children

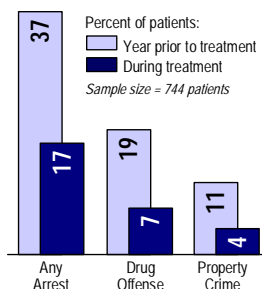
Served 17%  
Not Served 83%

Average served overall = 23%

### Stimulant Admissions For Public Funded Treatment



### Criminal Arrests Among Opiate Substitution Patients 2001 During Treatment Compared to Year Prior



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[www.wa.gov/dshs/budget](http://www.wa.gov/dshs/budget)

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## Newly Funded Initiatives

### EASTERN WASHINGTON CHEMICAL DEPENDENCY INVOLUNTARY TREATMENT

- **\$3.2 million** is authorized to establish a new 35-bed chemical dependency involuntary treatment facility in Eastern Washington (Spokane). DASA is contracting with a provider and anticipates full implementation late in 2001.

### SUPPLEMENTAL SECURITY INCOME CLIENT TREATMENT

- DASA is expanding on-demand treatment services for persons eligible for Supplemental Security Income so they can be directed immediately into the most appropriate treatment service by their first point of contact. An initial study of persons similarly served revealed significant savings in medical costs. The **\$2.9 million** appropriation will expand services to about 31 more SSI clients per month.

### EXPANDED TREATMENT CAPACITY FOR GRAVELY DISABLED

- **\$2.8 million** is appropriated to expand capacity for substance abuse treatment for persons gravely disabled from drug and alcohol addiction, including methamphetamines. Gravely disabled persons have high hospital utilization rates and frequent contact with the criminal justice system. DASA will offer counties and Tribes an opportunity to apply for these funds, and will award funding to about 10 proposals statewide.

### OPIATE SUBSTITUTION

- New legislation increases the availability of opiate substitution (methadone) treatment services in locations of need. Counties and cities may require a conditional use permit or special use permit with reasonable conditions for siting opiate substitution treatment services, but must site them as essential public facilities. Counties must authorize opiate substitution programs if they exceed the previous limit of 350 persons. By maximizing Medicaid funds, DASA is able to approve additional services within available state funds.

## Financial Challenges

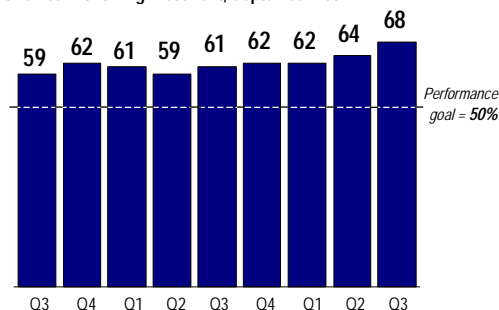
### THE NEED FOR MORE TREATMENT SERVICES

- Although substance abuse is a major contributor to rising medical and public safety costs, social dysfunction, and death, substance abuse treatment is now available for only about two of every 10 persons who need it. Research shows investments comprehensive treatment strategies can lower alcohol/drug-related crime, violence, health care costs, and increase school and work productivity.

### SENTENCING REFORM

- The 2001 Legislature began investigating the impact of drug offender sentencing by exploring alternatives such as treatment in lieu of incarceration, shorter sentencing, and diversion into treatment. Recently, Arizona and California expanded alcohol and drug abuse treatment programs as a result of citizen initiatives. New laws in Idaho and New Mexico have also redirected funds to alcohol and drug abuse treatment rather than prisons.

### Post Treatment Employment Trends One Year Following Treatment, September 2001



### Reductions in Medicaid Costs 2000 Mental Health Service Costs After Alcohol/Drug Treatment

